



City of Newport Beach
Recreation & Senior Services Department

Accident Report

Name of Injured _____ Date of Birth _____ Phone _____
Address _____ City _____ Zip _____
Date of Accident _____ Time of Accident _____ am/pm
Location of Accident: _____

Describe Injury/Exposure, Part of Body Involved, How and Where It Occurred

Please use reverse side of this page if needed

Summary of Accident/Injury Investigation and Treatment Given:

An Unsafe Condition Resulted From (Check All That Apply)

<input type="checkbox"/> Defective Equipment	<input type="checkbox"/> Slippery or Uneven Walking Surfaces
<input type="checkbox"/> Equipment Not Properly Guarded	<input type="checkbox"/> Layout of Facility
<input type="checkbox"/> Facility Conditions	<input type="checkbox"/> House Keeping
<input type="checkbox"/> Exposure Incident	<input type="checkbox"/> Other (Specify)

An Unsafe Act Resulted From (Check All That Apply)

<input type="checkbox"/> Not Following City/Class Safety Rules	<input type="checkbox"/> Improper Attitude
<input type="checkbox"/> Improper Equipment	<input type="checkbox"/> Failure to Use Personal Protective Equipment
<input type="checkbox"/> Not Using Safety Devices	<input type="checkbox"/> Actions of Another
<input type="checkbox"/> Lack of Knowledge or Skill	<input type="checkbox"/> Improper Body Position (Lifting, Carrying)
<input type="checkbox"/> Other (Specify)	

Others Involved: _____
Name/Phone # Name/Phone # Name/Phone #

Signature of person completing form: _____ Date _____

Parent/Guardian Acknowledgement _____ Date _____

Recreation Division Signature _____ Date _____